SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 6 OF 6
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	o and address of any political	COMMITTEE TO	Const. Communication from Such Communice.
Community Health Systems Profes	sional Services Corp	oration Po	olitical Action Cmte (CHS PAC)
Full Name (Last, First, Middle Initial)			5
A. Citizens For Altmire Mailing Address P.O. Box 1776			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Walling Address F.O. Box 1770			02 20 2012
,	State Zip Code		Transaction ID: 6212878
Freedom Purpose of Disbursement	PA 15042		
Direct Contribution		011	Amount of Each Disbursement this Period
Candidate Name Category/			2000.00
Rep. Jason Altmire		Type	2000.00
Senate President	nent For: 2012 Primary General Other (specify)		Direct Contribution
State: PA District: 04			
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name Category/ Type			
	nent For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Assessed of Early Dishara was their Desired
Candidate Name Category/ Type			Amount of Each Disbursement this Period
President	nent For: Primary General Other (specify)	.,,,,,	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		······•	2000.00
TOTAL This Period (last page this line number only).			2000.00